Health Information Technology Commission
Minutes

Date: Thursday April 18, 2013
1:00pm – 4:00pm

Location: MDCH
1st floor Capital View Bldg
Conference Room B&C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:
Toshiki Masaki – Vice Chair
Nick Lyon
Orest Sowirka, D.O.-Phone
Irita Matthews
Mark Notman Ph.D.
Larry Wagenknecht R.Ph.
Michael Gardner-Phone
Jim Lee
David Behen- Phone
Robert Milewski
Thomas Lauzon
Michael Chrissos M.D.-Phone

Commissioners Absent:
Gregory Forzley M.D.-Chair

Staff:
Meghan Vanderstelt
Kimberly Bachelder

Guests:
Elizabeth Hamilton
Scott Larsen
Cynthia Green Edwards
Suzina Orelli
Brian Seggie
Bill Doty
Jim Gartung
Philip Viges
Laura Rappleye
Krisit Brown
Stacey Kolarik
Doug Witten
Patty Houghton
Umbrin Ateequi
Alyssa Vargo
Darrell Dontje
Jackie Rosenblatt
Milan Talreja
David Eder
Tairus Taylor
Tom Shewchuk
Kristy Tornosko
Paul Groll
Jackie Anderson
Tesia Looper
Carla Lough

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday April 18, 2013 at the Michigan Department of Community Health with eleven Commissioners present.

A. Welcome & Introductions

1. Toshiki Masaki, Vice Chair called the meeting to order and welcomed the HITC members.

B. Review and Approval of February 21, 2013 meeting minutes

1. Minutes of the March 21, 2013 meeting were approved and will be posted to the HIT Commission (HITC) website following the meeting.

C. Dashboard-Meghan Vanderstelt, HIT Manager for MI

1. The April 2013 Dashboard was reviewed and will be available on the HIT Commission website following the meeting.
    a. A highlight from the April 2013 dashboard illustrates the ONC Federal Dashboard where Michigan is #1 in the country in total Directed Transactions (Push), with all MiHIN Qualified Organizations (QOs) reporting and #2 in the country behind Indiana in Directed Transactions to Public Health Entities.
        i. Commissioner Mark Notman, Ph.D. asked if there were any way to measure the potential number of exchanges that are possible in Michigan and to provide a relative picture beyond the raw numbers of messages being reported. Vanderstelt responded it is difficult to define a baseline at this time.
        ii. Commissioner Masaki asked if the presented rankings included all national rankings, or only those in which Michigan ranked highly. Vanderstelt clarified that the rankings only included those that Michigan ranked highly. Vanderstelt is working with MiHIN and the ONC on a press release highlighting Michigan.
2. It was noted that there are no federal sequester effects on the Medicaid EHR Incentive Program, but that the Medicare EHR Incentive Program will experience sequestration cuts. Vanderstelt also announced a white paper produced by six GOP senators regarding questions about the Meaningful Use programs. A forthcoming e-mail to the Commission will include the white paper.
    a. Commissioner Wagenknecht asked to clarify the difference between the whitepaper previously released regarding the EHR Incentive Programs by GOP U.S. Representatives. Ms. Vanderstelt affirmed that this was from the United States Senate, and that the concerns expressed were similar. Commissioner Lee stated that the main policy difference was that the Senators requested an independent review of the EHR Incentive Programs.
3. The 2012 Annual Report was submitted to the Legislature.
4. Michigan was chosen to be a part of the Trailblazers initiative which is a joint project between ONC, the National Association of State Health Plans (NASHP), and a handful of states that are attempting to align technical infrastructure for various Quality Measure programs.
    a. Michigan was also awarded a planning grant for the State Innovation Model (SIM) project, which aligns with the Trailblazers activities.

b. Commissioner Lee asked which Quality Measures would receive focus, as there are a variety of quality metric programs within t state and federal governments. Vanderstelt replied that the initial focus would be within Michigan Medicaid.

D. Follow Up from Cyber Security-Commissioner David Behen, CIO of MI

1. A Cyber Security Task Force representative and the MiHIN Security/Privacy Workgroup has reviewed the recommendation document, and a comprehensive list of prioritized topics will be presented at the May HIT Commission meeting.

E. Medicaid Health Information Technology-MDCH Data Hub & EHR Incentive Program- Cynthia Green Edwards, Director of Medicaid HIT

1. Edwards reported that the EHR Incentive Program and Data Hub are transitioning from ARRA to Medicaid funding to ensure sustainability. This will allow the State to continue with efforts focused on provider and consumer engagment.

2. The State Medicaid HIT Plan (SMHP) is a 5 year strategic plan for implementing Medicaid Provisions on the "As-Is" and "To-Be" HIT landscape. This includes the road map between the two phases, and administration/oversight/audit strategy of the Medicaid EHR Incentive Program.

a. The Advance Planning Documents (APDs) are CMS requests for Medicaid funding to implement activities within the SMHP and make incentive payments. There are 3 different forms of requests: Implementation APD (IAPD), HIT IAPD, and MMIS IAPD.

i. IAPD activities include: 90% Federal and 10% state match for system costs and 100% federal funding for provider payments for the Medicaid EHR Incentive Program.

ii. HIT IAPD activities include: Administration, system development, provider outreach/support for the Medicaid EHR Incentive Program, consumer engagement (Mi-Way Consumer Directory) efforts, and M-CEITA funding for a specialist.

iii. MMIS IAPD activities include: Developing a reporting and tracking system for payments (in conjunction with WA), implementing the MDCH Data Hub, Medicaid State Self-Assessment system, and Electronic Death Registry.

3. The Medicaid EHR Incentive Program, as of April 1, 2013, has 2625 Eligible Professionals (EPs) paid for Adopt, Implement, Upgrade (AIU) or Meaningful Use (MU). There were 678 registrations cancelled or denied; 45 of these were denied for failure to meet the patient volume threshold; the rest were cancelled for failure to complete the registration. As for Eligible Hospitals (EHs), 147 have been paid under AIU or MU for a total of over $108M.

a. Commissioner Lyon noted the 292 listed as Awaiting State Review, and asked for comment on why that number was so large. Edwards replied that Michigan employs an extensive pre-payment audit system where denials can occur. Commissioner Lyon also wanted to clarify

the difference in payments between EPs and EHs. Hospitals can receive payments from both the Medicare and Medicaid EHR Incentive Programs, while EPs are only eligible for one or the other. In addition, EHs and EHs have different MU schedule and reporting periods.

b. Commissioner Lee asked how long the pre-payment audits take. Edwards replied that the validation process depends on the initial report and the quality of the data being reviewed.

c. Commissioner Wagenknecht requested information on how Michigan estimates its EP population. Edwards stated that the estimates were drawn from payments already made and the number of Medicaid claims made vs. encounters statewide.

d. Commissioner Thomas Lauzon wanted to clarify what the EP Medicaid Patient Volume threshold was: the answer was 30%, 20% for Pediatricians.

4. Current 2013 use case activities include: EHR module in CHAMPS updated from stage 1 MU to stage 2 MU reporting requirements, MU Repository to record meaningful use public health reporting, Electronic Clinical Quality Reporting (eCQM) pilot and updates to the www.michiganhelathit.org website for provider outreach.

a. Commissioner Lyon asked if MU Repository process is going well. Edwards stated that there had been no major problems thus far with usage.

b. Commissioner Lee asked if the eCQM pilot would focus just on EPs or included EHs as well. Edwards answered that the initial pilot would focus on Medicaid program EPs, but that the Trailblazers project would be instrumental in harmonizing efforts across programs.

c. Commissioner Behen asked if social media is used within the provider outreach website. Edwards replied that Michigan will be incorporating external social media feeds into the website.

5. ONC Consumer-Focused goals include streamlining and providing easy access to health data and shifting attitudes of ownership of health data to consumers so providers will be more comfortable to share data. Edwards and her team will start to identify the current HIT consumer engagement climate, collaborate with national and state consumer initiatives, and develop a statewide survey for consumers.

a. Commissioner Lyon and Commissioner Matthews stated that the survey could be used to promote consumer preferences.

b. Commissioner Lyon asked if patients are going to have to worry about managing different portals for each doctor they see or are there plans to try and consolidate. Ms. Green-Edwards stated that at the present time, it is necessary to proceed with the current paths of HIT and HIE in order to ensure that patient data is prepared efficiently.

c. Commissioner Lee warned that multiple providers using multiple vendors and multiple HIEs could become a turn-off for patients if there is no consolidation on the front end of these systems.

6. The MDCH Data Hub's purpose is to enable State of Michigan connectivity to the State wide HIE environment, assist with meaningful use reporting, streamline data flow within MDCH, and support healthcare reform initiatives.

a. Currently the MDCH Data Hub is working with Medicaid systems, Public Health, Single Sign-On (SSO), and Bureau of Health Professional Licensing Database.

i. Commissioner Lee asked if there is currently a written MDCH policy mandating that, to meet Meaningful Use measures related to Public Health, test messages and submissions must go through a sub-state HIE and MiHIN into the Data Hub. Commissioner Lyon acknowledged that there is not one at this time, but it is strongly encouraged that providers submit through the specified HIE infrastructure.

b. Infrastructure achievements and goals include: Rhapsody in place and sending HIE data since February 2013, Audit Data & Logging is needed to support bi-directional exchange, MPI for HIE, Michigan Identity Credentialing and Access (MICAM) project, and Health Provider Directory.

i. Commissioner Robert Milewski asked how the work was divided on the HPD and MPI. Ms. Green-Edwards responded that MiHIN was working on the HPD, while the Data Hub was focused on the MPI, with the idea that the two projects will be integrated.

ii. Commissioner Thomas Lauzon inquired whether MiHIN was leveraging data from the Council for Affordable Quality Healthcare (CAQH) and other similar organizations, since they have indexed provider data. Mr. Tim Pletcher of MiHIN replied that the CAQH information is used more for credentialing, not for health information exchange. MiHIN's HPD is intended to be more advanced, with broader required information attached to each provider than, say, CAQH's index.

iii. Commissioners also discussed that licensing timing issues are relevant and are a challenge.

iv. Commissioner Lee asked whether a Unique Patient Identifier for the State of Michigan would be pursued. Mr. Pletcher responded that there would be a "crosswalk" through MiHIN, matching up patient information from multiple sources, adding that such a Unique Patient Identifier had not been formally requested.

v. Commissioner Milewski expressed surprise that such an identifier had not been requested, as his experience informed

him of the great benefits of such an identifier, and he passionately endorsed such a project.

vi. Commissioner Lauzon, in particular, recounted that he had attended a high-level policy discussion in this area in Washington, D.C., and that he learned there that Congress had passed a law banning even discussing the issue of a national patient identifier.

vii. Vice Chair Masaki clarified with Ms. Vanderstelt that the MPI would fit under the HIT Commission's focus points and proposed that they could revisit this topic in the summer. Commissioner comments on how to structure the MPI discussion is as follows:

1. Commissioner Wagenknecht asked if policy recommendations on an MPI from the HIT Commission would be appropriate. Commissioner Milewski voiced his support for such a move.
2. Commissioner Lyon reminded everyone that all MPI initiatives would need to be conducted in the context of patient and provider trust and consent.
3. Commissioner Dr. Notman concluded by saying that it was necessary to look at the middle steps and not focus entirely on the "holy grail" of a Unique Patient Identifier.

F. MiHIN Shared Services- Tim Pletcher, Executive Director of MiHIN Shared Services

1. Pletcher presented the history of MiHIN Shared Services that was introduced in the Michigan Conduit of Care document in 2006.

2. The Federal ARRA/HITECH Act that introduced HIT Programs created a new atmosphere for building HIE in Michigan.

a. The HITECH "Invasion Strategy" consisted of federally-funded incentives and support for building up a HIT infrastructure.

3. MiHIN Shared Services is a Network of Networks in which common data is shared, including a robust legal structure, and where multi-stakeholder participation within the MiHIN Community of Sub-State HIEs and QO's is encouraged.

4. MiHIN has divided its Statewide Use Cases into Two Phases:

a. Phase 1: Infrastructure, Public Health Reporting, Health Provider Directory, and Transitions of Care electronic messaging- Admit/Discharge/Transfer (ADT)

b. Phase 2: Increased Security Services based on the Whitepaper currently being vetted by the HITC, implementing a Record Locator Service (aka: XDS Registry), query functionality for immunizations from MCIR, and transferring Continuity of Care Documents CCDs to physician offices and emergency departments.

5. Additional funding was obtained and potentially will continue through the CMS IAPD funding. MiHIN will start working with the State of Michigan on the Mi-Way Consumer Directory and Federated Identity Hub Project. Also, CMS is allowing states to use the IAPD funding to promote HIE. Some rules associated with this funding include:
    a. Costs must be divided equitably across other payers based upon the Office of Management and Budget-defined "fair share" principle.
    b. Activities should leverage efficiencies with other Federal/State HIE funding.
    c. Activities must be developmental and time-limited; 90% Federal funding is not for ongoing HIE costs once operational
    d. Health plans may consider HIE costs as part of the Medical Loss Ratio.
6. Some reasons for slow progress in the statewide HIE plan can be contributed to :
    a. Most organizations are just now adopting EHRs
    b. EHR vendors often unwilling/unable to make data sharing a priority, cost-effective, or easy
    c. Until recently, incentives to share data across independent organizations have been very weak or non-existent, so the value of HIE was perceived as low
    d. Rapidly evolving standards and technology
7. MiHIN suggested the following to help accelerate HIE in Michigan: Health Plans incorporate incentives in future contracts, develop high value use cases, encourage QO's to interoperate with state-wide core services, and determine mechanisms to reduce barriers from EHR vendors.
    a. Commissioner Lee stated that the Use Case values (the "why") are understood, but making them operational (the "how") need to be clarified.
    b. Commissioner Lyon mentioned that there is a lot of public money in these projects, therefore there needs to be more of an understanding of the public benefit of the HIE activities.
8. Commissioner Comments
    a. Commissioner Notman asked whether the data in the query repositories would be aggregated. Pletcher replied that the data would essentially be federated among the QOs, It would be aggregated, but in multiple locations.
    b. Commissioner Matthews wondered about the standardization capability of entities for these message transmissions. Pletcher responded that this would happen in phases, prioritizing along the way.
    c. Commissioner Lee asked about data quality in this query architecture: is partial information better or worse than none at all as far as building a reliable source of data, especially when dealing with multiple use cases? Pletcher answered that MiHINSS would need to be aware of managing expectations, and that query in this form would be difficult, but useful in the long run.

d. Commissioner Milewski offered that pharmacies have begun some of the necessary record-keeping for some of these transmissions, especially for patient prescription and medication history, and could help with the building process. Pletcher said that MiHINSS would package up high value use cases to prioritize the construction.
e. Commissioner Chrissos asked why, from an IT perspective, the query functionality was not utilized and highly demanded. Pletcher responded that the biggest reason for using query is when new patients come in, which doesn't occur terribly often, but in the future, there would likely be further desire for querying the full history for any and all patients.
f. Commissioner Lee wondered whether any overtures had been made to the Indiana HIE about their query expertise. Pletcher responded that MiHIN was aware of Indiana's query work and the work of other states in this realm, including Florida, which has a patient history lookup.

G. Public Comment

1. Next meeting is on May 16, 2013
2. No Public Comment

H. Adjourn

1. Meeting Adjourned 3:38 p.m.